

MISSOURI ILLUSTRATION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. **318**

Primary Registration District No. **1003**

**1. PLACE OF DEATH:**  
(a) County.....  
(b) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Barnes Hospital,**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **7 hours** (Specify whether  
In this community.....  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **St. Louis** <sup>96</sup>  
(c) City or town **Kirkwoods** <sup>1</sup>  
(If outside city or town limits, write "RURAL") <sup>2</sup>  
(d) Street No. **201 Bayburn Ave.** <sup>1</sup>  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country.....

**3: (a) PRINT FULL NAME** **FAULKNER, LUCIEN CHAS.**  
3. (b) If veteran, name war.....  
3. (c) Social Security No. ....

4. Sex **Male** <sup>D</sup> 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Ruth**  
6. (c) Age of husband or wife if alive **60** years  
7. Birth date of deceased **April 20, 1890**  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
**58** **7** **17** hr. min.

**9. Birthplace** **Creston, Iowa**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Warehouse Manager**

**11. Industry or business**.....

**12. Name** **Lauren Faulkner**

**13. Birthplace** **Iowa**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Sarah Kent**

**15. Birthplace** **Ireland**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **L. Dean Faulkner**

(b) Address **Whitehall, Ill.**

**17. (a) Burial** (b) Date thereof **12-9-1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill Cemetery**

**18. (a) Signature of funeral director** **Jay B. Smith**

(b) Address **7456 Manchester Rd.**

**19. (a) DEC 8 1948** (b) **J. B. Lassiter**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Dec.** day **7**  
year **1948** hour **3:20** minute **AM.**  
**21. I hereby certify that I attended the deceased from** **Dec.**  
**6, 1948, to Dec. 7, 1948;**  
that I last saw him alive on **Dec. 7, 1948;**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** **8 hours**  
Duration

Due to **Hypertensive cardiovascular disease** **2 hours**

Due to.....  
Other conditions (Include pregnancy within 3 months of death) **930**

Major findings:  
Of operations.....  
Of autopsy **As above**  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

**22. If death was due to external causes, fill in the following:**  
(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur? (City or town) (County) (State).....  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

(Specify type of place)  
While at work?..... (e) Means of injury.....

**23. Signature** **FR Bradley** (M. D. of officer)  
Address **Barnes Hospital** Date signed **12/7/48**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2  
7  
9

MOTHER FATHER

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *J.P. Burgess*

Licensed Embalmer No. 4029

P. O. Address Maplewood

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**